THE MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/P.L. 102-321 PLANNING COUNCIL

ANNUAL REPORT FY 2013

SARAH BURNS, CHAIR, MARYLAND ADVISORY COUNCIL

M. SUE DIEHL, VICE CHAIR, MARYLAND ADVISORY COUNCIL

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State of Maryland
Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

October 1, 2013

The Honorable Martin O'Malley
Governor
State House
Annapolis, Maryland 21401

Dear Governor O'Malley:

The Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council submits to you our Annual Report which provides an overview and summary of the activities of this Joint Council during fiscal year 2013. We would also like to take this opportunity to thank you for your leadership and support during the legislative session to send a message that increased access to behavioral health services benefits all Marylanders across the life span. Additionally, we thank you and your office for reappointing, in FY 2013, five of our valued members.

The Joint Council is composed of consumers, family members of persons with psychiatric disabilities, mental health professionals, representatives of other state agencies that serve individuals with psychiatric disorders, and other citizens interested in the state's mental health delivery system. The Joint Council holds monthly meetings which include the participation of the Mental Hygiene Administration (MHA) Executive Director and key agency staff. Its mandated duties are to advise the Mental Hygiene Administration (MHA) and "be a strong advocate of a comprehensive, broad-based approach to the social, economic, and medical problems of mental hygiene". The Joint Council has been kept abreast of Maryland's efforts to address co-occurring disorders through a variety of sources. We will continue to follow closely the developments for a soon to be integrated behavioral health system of care. We commend MHA's continued commitment to maintain access to services, recovery, resiliency, and cultural competence throughout the system. We also acknowledge MHA's emphasis on promoting wellness and prevention throughout this process. Additionally, as part of Department of Health and Mental Hygiene's (DHMH) behavioral health integration, the Joint Council continues to participate in a workgroup exploring the possibilities of combining this Council with the Alcohol and Drug Abuse Administration's (ADAA's) State Drug and Alcohol Abuse Council to create one behavioral health advisory council. We look forward to a fall submission of suggestions for an integrative model and for legislative changes to implement this process.

The current Public Mental Health System (PMHS) is entering its seventeenth year of operation. Access to services continues to improve (in 2013, more than 145,000 individuals were served, more than double the number since the 1997 inception of the Medicaid 1115 Waiver), while maintaining quality care and controlling PMHS expenditures. Our concerns continue, in these times of change, as we advocate for a system of care and a budget that will provide resources to serve projected increases in the numbers of persons with behavioral health issues in our state with increasing MA enrollment and improved access through health care reform. Our focus this year has been on the continued monitoring of the preparations for the Behavioral Health Integration, advocating for continued and increased access to services, and promoting wellness and prevention activities.

We look forward to continued stakeholder involvement in Behavioral Health Integration and implementation of the Affordable Care Act as opportunities to improve access to care for all Maryland citizens and we appreciate the sustainment of successful partnerships which will be strengthened and enhanced through various collaborative efforts, particularly in the areas of wellness, prevention and services for individuals with co-occurring disorders. We will continue to work with you and with MHA and ADAA leadership under the guidance of DHMH Secretary Joshua M. Scharfstein, and Deputy Secretary Gayle Jordan-Randolph in creating and maintaining a system that emphasizes excellent care, accountability, recovery, resilience, and valued partnerships while remaining fiscally resourceful.

Sincerely,

Sarah Burns

Sarah Burns
Chair
Maryland Advisory Council on Mental Hygiene/PL
102-321 Planning Council

Enclosure

cc: John Griffin, Chief of Staff, Office of the Governor
Joshua M. Scharfstein, M.D., Secretary, DHMH
Gayle Jordan-Randolph, M.D., Deputy Secretary, Behavioral Health and Disabilities, DHMH
Brian Hepburn, M.D., Executive Director, MHA
Marie Grant, Director, Office of Governmental Affairs, DHMH
Kim Bernnardi, Special Assistant, Office of Appointments and Executive Nominations, DHMH
Kathleen Reppert-Franklin, Acting Director, Alcohol and Drug Abuse Administration
Patrick Dooley, Acting Director, Developmental Disabilities Administration

FY 2013 Members of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE

Joshana Goga
Sarah Burns, **Chair**
M. Sue Diehl, **Vice Chair**
Michael Finkle
Gerald Beemer
Joanne Meekins
John Turner
Livia Pazourek
Robert Pender
Charles Reifsnider
John Scharf
Anita Solomon
Dennis McDowell

PL 102-321 PLANNING COUNCIL

Carol Allenza, **Coordinator**
Lynn Albizo
Sheryl Sparer
Dan Martin
Thomas E. Arthur, **Coordinator**
Naomi Booker
Tracee Bryant
Kim Bennardi
Cathy Marshall
Robert Anderson
Michelle Stewart
Chicquita Crawford
Michael S. Ito
R. Terrence Farrell
Catherine Drake
Kate Farinholt
A. Scott Gibson
George Lipman
Peter Cohen
Eugenia Conolly
Adrienne Holliman
Duane Felix
Alice Harris
Kathleen Ward
Vira Froehlinger
Cindy Kauffman
Victor Henderson
Phoenix Woody
Cynthia Petion
Sarah Rhine
Diane C. Herr
Linda Raines
Jane Walker
Jacqueline Powell
Julie Jerscheid
Nancy Feeley
Jan Desper
Sharon Lipford
Geraldine Gray
William Manahan
Herb Cromwell

THE MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

OVERVIEW

The Maryland Advisory Council on Mental Hygiene was created in 1976 to serve in an advisory and advocacy capacity in addressing mental health issues in Maryland. The Advisory Council members are appointed by the Governor. The Council was expanded in 1989 to comply with the composition requirements of Public Law (PL) 99-660 and subsequently PL 102-321. The members of this planning side of the Council are appointed by the Mental Hygiene Administration's (MHA) Executive Director. The Council is now designated as the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council and is often referred to as the Joint Council.

The Joint Council operates under by-laws that set forth a committee structure to enhance its ability to monitor progress towards goals included in MHA's State Mental Health Plan and the federal Block Grant application. Committees of the Council include: the Executive Committee, the Planning Committee, the Membership Committee, the Legislative Committee, the Cultural and Linguistic Competency Committee, and the Interagency Forensic Services Committee (IFSC). These ongoing committees, among many other activities, participate in the development of the federal mental health block grant application; promote membership; follow legislative issues; monitor and inform the system regarding issues of cultural competency; and examine issues applicable to persons with serious mental illness, emotional disabilities, incarcerated (or at risk of incarceration) in jails, and detention centers.

Additionally, the Joint Council promotes and facilitates linkages with Core Service Agency (CSA) boards and local mental health advisory committees as they monitor and evaluate publicly-funded mental health services for their local jurisdictions. The Maryland Association of CSAs (MACSA) is represented on the Joint Council by a member who reports on statistics and highlights of the progress of the local CSAs.

Finally, in light of Department of Health and Mental Hygiene's (DHMH) Behavioral Health Integration efforts, a workgroup has convened comprised of representatives from the Joint Council and the State Drug and Alcohol Advisory Council to begin a process to develop a behavioral health council. The Behavioral Health Council Workgroup has been meeting since July 19, 2012. Recommendations will be made in FY 2014 toward a model for a combined behavioral health council and accompanying legislative changes.

Annual Report – Fiscal Year 2013

HIGHLIGHTS AND ACTIVITIES

In addition to the duties of Joint Council membership, some members, either as Council representatives or in their organizational capacities, serve on various workgroups and task forces which provide important output into the planning and policy development of the Public Mental Health System (PMHS). During FY 2013, some of these workgroups impacted areas of: consumer recovery and leadership; behavioral health integration; health and wellness; coordination of care and systems of care for youth; older adults; criminal justice; suicide prevention; and state, federal, and local planning activities.

Our Joint Council monthly meetings include the Mental Hygiene Administration (MHA) Director and key agency staff. During FY 2013, the Joint Council followed closely the progression of events within the PMHS through reports from the Executive Director of MHA and through various presentations of activities surrounding consumer, family, and children's initiatives throughout the year. Presentations included:

- Updates on the PMHS budget, data, ADAA projects, and other significant areas from the Executive Director's and the Clinical Director of MHA and ADAA
- Reports on behavioral health initiatives and grants such as: Mental Health First Aid; The Recovery Oriented System Of Care (ROSC); The Homeless ID Fund Projects; The Johnson & Johnson Dartmouth Community Mental Health Program Family Advocacy Project; and evidence-based practices
- Reports on initiatives that serve children and adolescents such as Maryland's System of Care Expansion Grant and Maryland's Race To The Top
- Updates on Health Care Reform and its impact on Maryland and Behavioral Health Integration from DHMH's Deputy Secretary of Behavioral Health, and Disabilities and the Governor's Office of Health Care Reform
- Updates on the Consumer Quality Team Of Maryland (CQT)
- Updates from Council members, who are representatives of state agencies, on mutual projects that support mental health initiatives
- Updates on forensic services and re-entry initiatives, such as the Second Chance Act Grant, from MHA's Office of Special Needs Populations and the DHMH Director Of Forensic Services

The Joint Council received, as it does annually, an overview of the FY 2013 Maryland Legislative session's mental health activities through the Legislative Committee and other members of advocacy organizations. In preparation for MHA's budget hearings before the House on February 6th and the Senate on February 7th, the Legislative Committee and the Executive Committee, (Council officers) provided input to a member representing the Joint Council who gave testimony on behalf of the funding needs of the PMHS.

Maryland has begun implementation of the Behavioral Health Integration process. In 2011, under the leadership of the Department of Health and Mental Hygiene (DHMH) Secretary Joshua Sharfstein, M.D., the Department established a planning team led by the Deputy Secretary of Health Care Financing. The process included a series of stakeholders' workgroups to inform the final recommendation of a carve-out system of service delivery that covers individuals who are Medicaid (MA) Eligible, reduces burden on providers, and is adaptable when somatic programs change. This system would deliver Medicaid-financed behavioral health benefits and general medical benefits under a comprehensive arrangement through an administrative services organization.

The "next steps" in the Behavioral Health Integration (BHI) process include the development of the Request for Proposal (RFP) to select an administrative services organization (ASO) to administer the new MA financing model. This process is overseen by the DHMH Deputy Secretary of Health Care Financing. The behavioral health administration organizational process is well underway with efforts to combine the mental health and substance use administrations into a behavioral health administration. This process is overseen by the DHMH Deputy Secretary of Behavioral Health and Disabilities. Also in FY 2013 a clinical director for mental health and substance abuse was appointed and a merger of the forensic services of three administrations (MHA, ADAA and Developmental Disabilities Administration (DDA) took place. In the process of blending the administrations, the Council has been supportive of efforts to maintain the strengths and characteristics of each administration that are unique and serve to expedite and support many current initiatives.

The Joint Council members have been involved at all levels thus far:

- Regular reports from the Executive Director of MHA to Council membership to inform and encourage feedback and participation in workgroups
- Input into the health care financing Web site and related Webinars
- Participation in the large stakeholder meetings and all Workgroups;
- Dissemination of information on Maryland's Health Care Reform at other venues.
- Attendance of members at MHA's Annual Conference, "Behavioral Health Integration held In May 2013 and inclusion of ADAA in its planning process.

Under the leadership of the DHMH Secretary and Deputy Secretaries, MHA and ADAA continue efforts that support the mission to foster an integrated process for planning and collaboration to ensure a quality system of care is available to individuals with behavioral health conditions.

Process to Develop a Behavioral Health Council

In light of the Maryland Department of Health and Mental Hygiene (DHMH) efforts towards implementation of behavioral health integration, the Councils for mental health and substance use disorders thought it was important to explore discussions to facilitate movement on creating a "Behavioral Health Council". On July 19, 2012, a Behavioral Health Council Workgroup was established and executive representatives from both councils met together to:

- Clarify what a Behavioral Health Council should look like
- Eliminate duplication in design/structure and in membership
- Define a model to present to both Councils
- Repeal prior state statutes and replace with statute that would delineate the parameters for one Behavioral Health Council

Leading participants in the Joint Council (including the Chair, Vice Chair, and Coordinator) and the State Drug and Alcohol Abuse Council (SDAAC) were invited to represent their memberships. The ADAA representative to the Joint Council also participates in this Workgroup. Prior to the first Workgroup meeting, support staff from MHA and ADAA developed a matrix that highlights/crosswalks information on the state/federal legislation of both council's, a comparison of the roles/duties/bylaws, membership, meeting frequency, appointments/terms and other key issues. This has become a useful resource as the Workgroup works toward its goals.

In early 2013, The Workgroup, through a joint effort between MHA's Joint Council and the SDAAC, submitted an application on February 14, 2013 to join the State Planning Council National Learning Community Technical Assistance Project. Maryland was among eight states' Planning Councils awarded this grant, which allows the group to share ideas with other states that are making similar changes in the structure of their mental health advisory councils and to receive technical assistance in the following areas:

Develop Action Plan to create and sustain an Integrated Behavioral Health Council

a. Examine, select and implement the best model for an Integrated Council
b. Consider and develop required legislative action agenda
c. Develop and implement a strategic communications plan

The Workgroup has continued to meet over the past several months. Discussion has focused on, but not limited to, the inclusion of county advisory councils as important components of the current system and the desire to maintain their involvement in the planning process; consideration of establishing a supportive committee structure that would address themes that would assist the progress of the new council in addressing key areas.

Efforts continue with expectations that recommendations toward a combined council will be made in FY 2014-15.

Committees of the Joint Council

The following sections provide synopses of the roles and highlights of the various committees during the year.

THE EXECUTIVE COMMITTEE

The Executive Committee of the Council consists of officers – Maryland Advisory Council on Mental Hygiene Chair and Vice Chair, the PL 102-321 Planning Council Coordinators, and chairs of the various committees. This committee sets the agenda for meetings; coordinates activities such as the preparation, review, and approval of testimony before the legislature; and gives final approval of public presentations/documents/reports submitted on behalf of the Council. Additionally, the Committee sets the agenda of presentations to the Joint Council throughout the year which often includes informational sessions on issues pertaining to children, adolescents, adults, and older adults in the Public Mental Health System. This body has, over the years, represented the Council in previous meetings with the Governor's Executive Office, the Secretary of the Department of Health and Mental Hygiene (DHMH), and the Deputy Secretary for Behavioral Health and Disabilities to advise, report, and advocate on current mental health issues. At the end of FY 2012, new officers (Chair, Vice Chair, and Planning Council Co-Coordinators) were elected and will serve two year terms.

THE PLANNING COMMITTEE

The Joint Council operates under by-laws that set forth a committee structure to enhance its ability to monitor the system of care and to gather and share information that helps to inform the planning process and policy making decisions of the Mental Hygiene Administration (MHA). The Planning Committee, which meets as needed, often after the full Council meeting, is composed of Council officers, committee chairs, consumers, agency members, rights advocacy organization representatives, as well as other members who represent interests across the lifespan. This committee takes on responsibilities on a yearlong timeline and meets not only to fulfill established duties of reviewing planning and implementation documents; but also to research and discuss ways to further impact MHA's future budget planning through focus on key mental health issues and available behavioral health system data.

The duties of the Planning Committee include assisting in the development, review, and final recommendations of: the State Mental Health Plan; the federal Mental Health Block Grant Application (which is an important source of federal funding for many community service programs, evidence-based initiatives, and the system evaluation programs of the Public Mental Health System); plan implementation reports; and the annual reports of local mental health advisory committees. In FY 2013, a series of Planning Committee meetings were held to develop and review key documents.

In November 2012, the Planning Committee reviewed the Implementation Reports of the FY 2012 State Mental Health Plan and the Mental Health Block Grant.

On April 26, 2013, the Planning Committee participated in MHA's public meeting to develop the FY 2014 State Mental Health Plan. The stakeholders meeting included broad participation of representatives in the area of behavioral health and substance use. Participants also shared information and concepts in the areas of strengthening of health and wellness programs across the lifespan, enhancement of community supports, expansion of Mental Health First Aid, increase system capacity for addressing workforce development and co-occurring substance use issues across the life span, continuum of care issues for children and adolescents, and increased support of veterans and members of the LGBTQ community.

On June 18, 2013, the Planning Committee of the Joint Council met, after the full Council meeting, with the MHA Office of Planning staff to review, discuss, and offer feedback on objectives and strategies in the draft FY 2014 State Mental Health Plan and elements of the draft FY 2014-15 Mental Health Block Grant application. The Committee modified, expanded, and strengthened the strategies as appropriate. Committee members made recommendations to enhance the document such as expanding discussions to enhance the accuracy and scope of specific projects in areas such as community education, early intervention, and health home implementation. The Committee was pleased to read of efforts that promote collaboration among MHA and the Alcohol and Drug Addiction Administration (ADAA), as well as other partners, and are reflective of the movement toward behavioral health integration, wellness, and prevention activities. The Committee also noted strategies that addressed the needs of individuals with co-occurring issues across the lifespan, including a systems planning grant for children and adolescents, and the role of Peer Support Specialists and Recovery Support Specialists. The full Maryland Advisory Council on Mental Hygiene/ PL 102–321 Planning Council received the report of the Planning Council's recommendation for adoption of the FY 2014 State Mental Health Plan.

MEMBERSHIP COMMITTEE/NOMINATING COMMITTEE

The Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council continues to be an important avenue of access for all stakeholders who are interested in monitoring developments in the Public Mental Health System (PMHS) and participating in influencing policy direction for the state. Council members have a key participatory role in: advising the PMHS's operations and policies; advocating for children, youth, and adults; and reviewing state and federal mental health documents. Thus it is important, and legislatively prescribed, that the Joint Council encourages participation from people with a broad foundation of knowledge and experiences.

In FY 2013 and 2014, the Joint Council will not actively recruit new members due to the current exploration of combining the Joint Council and the SDAAC. However, Agency representatives are replaced as needed and Governor appointed members are continuing requests to be re-appointed. The Joint Council meetings are open to the public and interested individuals are invited to attend the meetings regularly.

The Maryland Advisory Council on Mental Hygiene - Five members, including the Council Chair, were re-appointed this spring. They represent advocacy organizations, the medical field, and individual citizen advocacy for mental health:

Joshana Goga
Anita Solomon
Robert Pender
Mike Finkle
Sarah Burns

The P.L. 102-321 Planning Council welcomed nine new representatives who replaced members from other state agencies. These members were appointed by the Executive Director of the Mental Hygiene Administration:

Alice Harris - Maryland State Department of Education (MSDE)
Nancy Feeley – Maryland State Department of Education
Eugenia Conolly - Alcohol and Drug Abuse Administration
Robert Anderson - Department of Juvenile Services
William Manahan - Department of Housing and Community Development
Cathy Marshall – Developmental Disabilities Administration.
Michele Stewart - Division of Rehabilitation Services (MSDE)
Adrienne Hollimon - Medicaid, Office of Health Services
Jan Desper - The Black Mental Health Alliance

The Nominating Committee
At the beginning of FY 2013, the Nominating Committee (Mike Finkle, Chair; Anita Solomon and Terry Farrell) identified the slate of officers for FY 2013-14. The slate is as follows: Sarah Burns, Chair; Sue Diehl, Vice Chair; Carol Allenza, Planning Coordinator; and T. E. Arthur, Planning Coordinator.

LEGISLATIVE COMMITTEE

The Legislative Committee's primary function is to keep Joint Council members informed of prominent issues being considered by the Maryland General Assembly. The Council's advocacy leadership diligently urges support for legislation that furthers policies that address the needs of individuals with mental illnesses. The Legislative Committee and the Executive Committee, consisting of Council officers, provide input for the Joint Council's testimony at MHA's budget hearings on behalf of the funding needs of the Public Mental Health System. Additionally, the Legislative Committee informs the Council, through progress and final reports, of legislative session activities including the status of bills. The Legislative Review includes updates from the Community Behavioral Health Association of Maryland (CBH), Mental Health Association of Maryland (MHAMD), and Maryland Coalition of Families for Children's Mental Health (MCF) and Maryland Disability Law Center (MDLC).

In 2013, passage of the following health and mental health-related bills (among others) was noted:

- **House Bill (HB) 43/Senate Bill (SB) 124 Income Tax Credit for Qualifying Employees – Sunset Repeal and Expansion** Makes permanent the tax credit for employers who hire people with disabilities.
- **HB 101/SB 126 Capital Bond Bill** This annual capital budget bill includes $5.2 million for mental health, developmental disabilities, and addictions.
- **HB 228/SB 274 Maryland Health Progress Act of 2013** This year's health care reform implementation bill introduced by the Governor includes many policy and technical provisions such as codifying the ACA's Medicaid expansion in state law. One section deals with continuity of care and includes "mental health conditions and substance use disorders" among conditions that enable a consumer to continue with a current provider for up to 90 days when moving between Medicaid and a private insurer.
- **SB 281 Firearm Safety Act of 2013** This is the Governor's gun control bill. Mental health stakeholders worked on provisions regarding which persons with mental disorders are reported to the national background check data base, among other issues. Most felt that the final version struck a reasonable balance between public safety and the protection of individual rights.
- **HB 361 Health Insurance – Conformity with Federal Patient Protection and Affordable Care Act** Aligns aspects of state insurance law with the ACA through many technical provisions.
- **HB 806 Health Occupations - State Board of Social Work Examiners – Revisions** Makes numerous changes to social work licensing provisions including requiring criminal background checks upon initial licensure.
- **SB 83 Department of Aging – Aging and Disability Resource Center Program – Maryland Access Point** Establishes such a program in state law to assist older adults and individuals with disabilities with information on specified services and supports.

- **HB 854 Criminal Procedure – Expungement of Records – Not Criminally Responsible** Authorizes persons found not criminally responsible to petition to expunge the criminal record for specified misdemeanors.
- **HB 931/SB 496 Maryland Medical Assistance Program – Telemedicine** Was amended to require coverage by Medicaid of limited telemedicine services; Medicaid does reimburse telemental health services in certain rural areas. **SB 776/HB 934** sets up a Task Force on the use of telehealth.
- **HB 1216/SB 581 Health Insurance – Federal Mental Health Parity and Addiction Equity Act – Consumer Bill of Rights** Requires insurers to provide policy holders with information about the federal parity law and the complaint process available to consumers concerning compliance.
- **HB 1252/SB 582 Health Insurance – Federal Mental Health Parity and Addiction Equity Act – Utilization Review Criteria and Standards** Requires a private review agent such as a managed care entity to certify to the state insurance administration that its utilization review practices comply with the federal parity law.
- **HB 823/SB 764 Task Force to Study Housing and Supportive Services for Unaccompanied Homeless Youth** Establishes such a Task Force focused on the needs of unaccompanied homeless youth ages 13-25.

Budget Actions:
Every year stakeholders devote significant advocacy attention to the state mental health budget. This year input was provided through testimony at the Mental Hygiene Administration (MHA) House budget hearing to advocate for mental health funding.

The Budget Bill, HB 100/SB 125, and the Budget Reconciliation and Financing Act of 2013, HB 102/SB 127, passed to include in the operating budget a 2.54% inflationary increase in community mental health rates as well as an increase in rates for certain psychiatrist codes to bring them to Medicare equivalence effective July 1, 2013.

Seven point two million dollars was cut from a projected FY 2013 MHA surplus including deleting an HB 102 provision to direct $2.1 million of FY 2013 funds to make the psychiatrist code increase above retroactive to January 1, 2013. The budget bill delayed Health Home implementation until October 1, 2013 without the provision of start-up money. However, the Governor's supplemental budget added $5 million for expanded crisis response services, crisis intervention teams, and Mental Health First Aid as well as for a Center for Excellence on Early Intervention of Serious Mental Illness.

INTERAGENCY FORENSIC SERVICES COMMITTEE

The Interagency Forensic Services Committee (IFSC) monitors and advises MHA regarding the delivery of mental health services to individuals who are involved with the criminal and juvenile justice systems, including those who are court-ordered to the Department of Health and Mental Hygiene for evaluation or treatment relative to competency to stand trial or criminal responsibility, and those who have a mental disorder and are incarcerated or are at risk of incarceration in jails and detention centers. IFSC invites allied agencies (e.g., the Developmental Disabilities Administration, the Department of Public Safety and Correctional Services, the Alcohol and Drug Abuse Administration) to consult with and participate in the activities of this Committee.

A number of IFSC objectives include the promotion of:

- Cross training with allied agencies to promote better understanding and generate collaborative solutions such as service needs of forensic-involved individuals with dual diagnosis of mental illness and developmental disabilities
- Increased use of case management and related supports (assertive community treatment teams, peer support, etc.)
- Importance of the availability of housing for justice-involved individuals in the community

In April of 2013, DHMH consolidated the forensic personnel of the Mental Hygiene, Alcohol and Drug Abuse, and the Developmental Disabilities administrations into one office with headquarters at Jessup, Maryland. The Director of the MHA Office of Forensic Services retired and Darrell Nearon Ph.D., J.D., LCSW-C, as the Director of DHMH's Office of Forensic Services, now heads this team.
During a meeting of the IFSC, May 21, the FY 2013 activities and future priorities of the Office of Forensic Services were stated as follows:

- Position papers were presented to the Maryland Legislature on various issues including the Capital Project for the DHMH Secure Evaluation and Therapeutic Treatment (SETT) facility
- Also presented was a report on the activities of the Judicial Conference Mental Health and Addictions Committee as it relates to mental health courts, other problem solving courts, as well as general trial courts
- Work continues toward the finalization of the Mental Health Procedures manual initiated by Charlotte M. Cooksey (retired judge and former IFSC Chair), to be distributed for use by the District and Circuit Courts of Maryland
- DHMH is in the initial stages of developing a database for forensic services to enhance data collection and reporting by DHMH

CULTURAL AND LINGUISTIC COMPETENCY ADVISORY COMMITTEE

The Cultural Competence Advisory Group (CCAG) was formed in 1997 in partnership between MHA and the previous Administrative Services Organization (Maryland Health Partners) and consists of a diverse group of members, including consumers, from various racial/ethnic backgrounds, as well as clinicians and administrators who serve minority populations. The CCAG assists MHA in increasing awareness of issues of cultural competence within a system that promotes resilience, recovery, and wellness. In July 2011, CCAG became a sub-committee of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Council and is now known as the Cultural and Linguistic Competence Advisory Committee (CCAC). The Committee works to foster a more culturally competent public mental health system and promotes training regarding culturally and linguistically appropriate competence.

During FY 2013, the CCAC developed elements of a plan to increase its membership in the coming year to include a behavioral health perspective, while maintaining the racial, ethnic, cultural, age, and gender diversity as reflected across the state. The Committee is also preparing to focus on strengthening support of the cultural and linguistic competence efforts of the Core Service Agencies (CSAs). Information from CSA plan reviews and from the work of the Committee will be shared with the Planning Committee and the full Council as appropriate.

The by-laws of the Joint Council are on the following pages.

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL BY-LAWS

JOINT COUNCIL BY-LAWS

PURPOSE:

Pursuant to the Annotated Code of Maryland, Health General, Title 10, Mental Hygiene Law, Subtitle 3, and Public Law 102-321, the State of Maryland has established the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning Council for the purpose of advising the Governor and other State and federal officials on the needs of citizens with mental illnesses and the ways in which the State can meet those needs. The Maryland Advisory Council on Mental Hygiene is mandated by State law to "be a strong advocate of a comprehensive, broad-based approach to the social, economic, and medical problems of mental hygiene." Under federal law, the State Mental Health Planning Council is required "to advise, review, monitor and evaluate all aspects of the development and implementation of the State plan." For purposes of implementing and coordinating the duties of the federal and State Councils, a Joint Council has been established and is herein referred to as "the Council."

Article I: Duties

The Council shall:

1. Advocate for a comprehensive, broad-based approach to meet the social, economic, and medical needs of people with mental illnesses, as mandated by Health General 10-305.

2. Review plans provided to the Council by the Mental Hygiene Administration and submit to the State any recommendations of the Council for modifications to the plans, as mandated by PL 102-321.

3. Monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services, as mandated by PL 102-321.

4. Serve as an advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems, as mandated by PL 102-321.

5. Submit an annual report of its activities to the Governor and, subject to Section 2-1312 of the State Government Article, to the General Assembly.

6. Submit reports to the federal government, as mandated by PL 102-321.

7. Receive and review annual reports submitted by County Advisory Committees, as mandated by Health General 10-312, and,

8. Serve as a forum for the dissemination and sharing of information concerning the public mental health system between MHA staff, mental health advocates, Joint Council Members, including consumers, and providers of mental health services in Maryland, and other interested persons.

9. Serve as a linkage with other state agencies seeking collaboration for improved mental health services.

Article II: Membership

A. Composition:

1. The Maryland Advisory Council on Mental Hygiene consists of 18 members appointed by the Governor. Representatives include people from a broad range of agencies and groups that are concerned directly or indirectly with mental hygiene, e.g., courts, police, probation offices, clergy, labor, management, legal profession, medical profession, mental health associations, State and local government, private employee groups, local citizens groups, and major socio-economic and ethnic groups.

2. The PL 102-321 Planning Council consists of residents of Maryland, including representatives of (a) the principal State agencies (mental health, education, vocational rehabilitation, criminal justice, housing and social services); (b) public and private entities concerned with the need, planning, operation, funding and use of mental health services and related support services; (c) adults with serious mental illness who are receiving (or who have received) mental health services; (d) family members of adults who are receiving (or who have received) mental health services; and (e) family members of children with serious emotional disturbances, who are receiving (or who have received) mental health services. Members also shall include representatives from local Mental Health Advisory Committees.

3. A minimum of 50 percent of the total membership of the Council will be individuals who are not State employees or providers of mental health services. The Council shall strive to assure the majority of members represent present and former recipients of mental health services and their families, and, further, that the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council. The membership of the Council shall be in compliance with PL 102-321, all subsequent amendments, and applicable State laws.

B. Term of Membership:

1. Members of the Maryland Advisory Council on Mental Hygiene are appointed by the Governor to serve three-year terms. A member may be appointed to serve a shorter term when serving the remaining term of a seat vacant due to a resignation. A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies. At the end of a term, the member continues to serve until a successor is appointed and qualifies.

2. Members of the PL 102-321 Planning Council are appointed by the Director of the Mental Hygiene Administration for three-year terms. Agency/organization representatives of PL 102-321 are chosen by their respective agencies. The selected representatives remain as members of the Council until such time that they leave the agency and/or position or the agency itself selects a replacement for them.

3. Terms of all Council members are staggered so that one third of members' terms end each year.

C. Removal:

1. Members of the Maryland Advisory Council on Mental Hygiene are subject to Article 41, Section 1-203 of the Annotated Code of Maryland that states: "Any member of any State Board or Commission appointed by the Governor who shall fail to attend 50 percent of the meetings of the Board or Commission of which he is a member during any period of twelve consecutive months shall be considered to have resigned and the Chairman of said Board or Commission shall forward or cause to be forwarded to the Governor, not later than January 15 of the year following such nonattendance with the statement of such nonattendance, and the Governor shall thereupon appoint his successor for the remainder of the term. If the member has been unable to attend meetings as required by this section for reasons satisfactory to the Governor, the Governor may waive such resignation if such reasons are made public."

2. Non agency/organization representatives of the PL 102-321 Planning Council who fail to attend 50 percent of meetings during any period of 12 consecutive months shall be considered to have resigned. The Chairperson shall forward or cause to be forwarded to the Director of the Mental Hygiene Administration a statement of nonattendance and a request for removal. If the member has been unable to attend meetings as required for reasons satisfactory to the Director, the Director may waive such resignation if such reasons are made public.

3. In the event an agency/organization representative on the PL 102-321 Planning Council fails to attend 50 percent of the meetings during any period of 12 consecutive months, the Chairperson shall recommend to the head of the agency/organization that the member be replaced. If the agency member has been unable to attend meetings as required for reasons satisfactory to the Director, the Director may waive such resignation if such reasons are made public.

D. Travel Allowance:

Council members whose transportation costs are not reimbursed by an agency, group or organization, and who need financial assistance in order to attend a Council meeting and/or when officially representing the Council at other meetings, are eligible for reimbursement by the Mental Hygiene Administration. Travel expenses shall be consistent with the Standard State Travel Regulations and are dependent upon resource availability. Council members are responsible for completing all expense reporting forms in a timely manner, and submitting appropriate accompanying documentation as required.

Article III: Meetings, Agenda, Voting, Official Records

A. Meetings

The Council shall meet at the times and places that it determines. There shall be at least six meetings per year. Special meetings of the Council shall be authorized by the Executive Committee, at the request of two-thirds of the total Councils' voting members. Ad hoc and standing subcommittee meetings may be convened whenever necessary. If necessary, the Executive Committee or any other committee can meet and converse by telephone when it is not feasible to convene and an immediate decision is required. Decisions reached by telephone shall be recorded as meeting minutes for that date and considered official meeting minutes.

B. Agenda

Any member of the Council may submit to the Chairperson an item for the agenda. Whenever possible, this shall occur at least two weeks before the scheduled date of the meeting. The agenda for regular meetings of the Council shall be distributed to members during the week prior to the scheduled meetings. At the beginning of each meeting of the Council, the Chairperson shall entertain motions for additions or changes in the agenda.

C. Voting

A quorum for any meeting of the Council shall consist of a simple majority of its members present at that meeting. Robert's Rules of Order govern the voting procedures. Only members of the Council are eligible to vote. Members with any conflicts of interest are expected to make a declaratory statement on same and refrain from voting on the issue(s). No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

D. Official Record

The minutes of the Council meeting shall be the official record of the Council. The minutes shall be distributed to all members of the Council and to the Director of the Mental Hygiene Administration within a three-week period following a meeting. After final adoption, minutes will be mailed to all local Mental Health Advisory Committees. All minutes, recommendations, and other materials will be kept on file by the Mental Hygiene Administration. Minutes may be distributed to interested members of the public, providing any and all confidential information has been excised.

Article IV: Support Services

The Mental Hygiene Administration shall provide secretarial, consultant, and other staff services needed by the Council within resource availability. The support staff shall be responsible for obtaining meeting facilities, recording of minutes, disseminating meeting notices, agenda, minutes, reports, etc.

Article V: Officers

A. Chairperson

The Chairperson shall be elected from among the appointed membership of the Maryland Advisory Council on Mental Hygiene. The Chairperson shall serve for two years and may be reelected for no more than two consecutive terms. Elections shall be held annually in June and the term shall begin on July 1 through June 30.

The Chairperson shall be responsible for:

1. Calling and presiding over all joint meetings of the Council;

2. Coordinating the activities of the Council, including preparation of the required State and federal reports;

3. Preparing the agenda for the meeting of the Council;

4. Appointing the Chairpersons and members of the Nominating Committee and the Chairpersons of ad hoc subcommittees;

5. Serving as ex-officio on standing and ad hoc committees, except for the Nominating Committee; and,

6. Representing the opinion of the Council to the public.

B. Vice Chairperson

The Vice Chairperson shall be elected from among the appointed membership of the Maryland Advisory Council. The Vice Chairperson shall be responsible for the Chairperson's duties in the absence of the Chairperson. The Vice Chairperson shall be elected in June and the term shall begin on July 1 through June 30. The Vice Chairperson shall serve for two years and may be reelected for no more than two consecutive terms.

C. PL 102-321 Coordinators

Two persons shall be elected from the PL 102-321 membership as PL 102-321 Coordinators. The Coordinators shall serve for two years and may be reelected for no more than two consecutive terms. The Coordinators shall be responsible for assuring tasks and issues, related to the Council's role, and implementation of the State plan are completed. One Coordinator should be a recipient or former recipient of mental health services or a relative of such an individual.

Article VI: Committees

A. Nominating Committee

The Nominating Committee Chairperson and four other members shall be appointed by the Chairperson. Members shall be selected equally from both Councils. The Nominating Chairperson is responsible for convening the Nominating Committee, soliciting nominations and submitting the Committee's report to the Council in May for elections to be held in June.

B. Executive Committee

The Executive Committee shall be composed of the Chairperson, Vice Chairperson, the PL 102-321 Coordinators and Committee and Ad Hoc Committee Chairpersons. The Executive Committee shall meet on an ad hoc basis. Minutes shall be recorded for all Executive Committee meetings. The Executive Committee responsibilities include, but are not limited to, preparing, reviewing or approving testimony or other public presentations/documents/reports submitted on behalf of the Council when sufficient time does not permit review and approval of the entire Council and timing is of critical importance, etc.

C. Interagency Forensic Services Committee

This Committee shall advise, review, monitor, and evaluate the development and implementation of the State plan applicable to persons with serious mental illness who are incarcerated or at risk of incarceration in jails and detention centers. This Committee may invite others outside of appointed Council members to consult and participate in the activities of this Committee. The Chairperson of this Committee shall be elected by the members of the Committee, with the approval of the Council Chairperson, for a two year renewable term.

D. Local Mental Health Advisory Committee

The duties of this committee include promoting and facilitating linkages with local mental health advisory committees. The Committee may assist in developing specific training programs pertaining to mental health issues and the roles of the committees in local mental health systems. This Committee may invite others outside of appointed Council members to consult and participate in the activities of this Committee. The Chairperson of this Committee shall be elected by the members of the Committee, with the approval of the Council Chairperson, for a two year renewable term.

E. Legislative Committee

The duties of this committee include review and promotion of legislation that impacts on the purpose and responsibilities of the Council. While members do not formally meet, coordinated efforts to deliver reports of legislative activity, particularly during the Legislative session, are made by the Committee chair and other involved representatives of advocacy groups that follow closely the legislative actions, Joint Chairmen Reports, and special studies.

F. Planning Committee

The duties of this committee include participation in a yearlong planning process comprised of plan development, review, and final recommendation of the State Mental Health and Federal Mental Health Block Grant Plans. Also, the committee shall identify focus areas/issues to be monitored and make recommendations to the Council. Additionally, the Committee shall participate in the development of the Annual Report, which summarizes the activities, priorities, and recommendations of the Council and is submitted to the Governor annually.

G. The Cultural and Linguistic Competence Advisory Committee

This Committee shall advise, monitor, and evaluate the development and implementation of initiatives and training opportunities that facilitate increased awareness of and access to services and supports for individuals in the Public Mental Health System that are culturally and linguistically competent. The Committee shall make recommendations that create a more receptive environment for participants/providers across the state to discuss issues of cultural and linguistic diversity in their work places and how to better provide culturally and linguistically competent services and supports to the individuals they serve. This Committee may invite others outside of the appointed Council members to consult and participate in the activities of this Committee. The Committee shall deliver regular updates to the Council. The Chair and Co-Chair shall be elected by the members of the Committee.

H. The Membership Committee

The Committee shall work with MHA, as well as the DHMH and Governor's Offices of Appointments, to encourage participation from people who are legislatively prescribed and who have a broad foundation of knowledge and experiences. The Membership Committee shall support recruitment efforts by exploring ways to promote the interest and involvement of consumers, family members, and individuals with skills or professions connected to mental health and making recommendations to increase membership. The Chairperson of this Committee may be appointed by the Council Chairperson.

I. Ad Hoc Committees and Special Studies/Workgroups

The Chairperson may appoint temporary committees or Council representatives for a specified purpose and time. Upon completion of the task, the committee shall be dissolved. Examples of ad hoc committees are as follows:

1. Ad Hoc Committees

The duties of these committees are to address a specific mental health priority area identified by the Joint Council for review, presentation, and possible advocacy recommendation.

2. Special Studies/Workgroups

The duties of this committee may include an individual(s) representing the Council on various Mental Hygiene Administration or other agency or organization sponsored task forces, workgroups, etc.

Article VII: Amendments

The By-laws may be amended by recommendations of the Executive Committee and two-thirds of the voting members of the Council who are present, provided that copies of the proposed amendments and notice for consideration have been mailed to every member at least two weeks before the date of the meetings, during which adoption of the amendment(s) would be considered.

"The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations."

"The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from the Department's services, programs, benefits, and employment opportunities."

For copies of the Maryland Advisory Council on Mental Hygiene/Public Law 102-321 Annual Report, contact:
The Mental Hygiene Administration
(410) 402-8473